

# Work Order ID 159320

\*159320\*

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|                |                                    |            |              |            |               |       |
|----------------|------------------------------------|------------|--------------|------------|---------------|-------|
| Item ID:       | D139-799-212                       | Accept     | *N900040100* | Setup      | Start         | *NS1* |
| Revision ID:   |                                    |            |              |            | Stop          | *NS2* |
| Item Name:     | Quick Release Maintenance Step, RH |            |              |            |               |       |
| Start Date:    | 4/10/2017                          | Start Qty: | 5.00         | *5*        | Cust Item ID: |       |
| Required Date: | 4/21/2017                          | Req'd Qty: | 5.00         | *5*        | Customer:     |       |
| Reference:     | SCHEDULED                          |            |              |            |               |       |
| Approvals:     | Process Plan:                      | Date:      | APR 07 2017  | Tooling:   | Date:         |       |
|                | QC:                                | Date:      |              | SPC (Y/N): | Date:         |       |
|                |                                    |            |              |            | Run           | Start |
|                |                                    |            |              |            |               | *NR1* |
|                |                                    |            |              |            | Stop          | *NR2* |

| Sequence ID/<br>Work Center ID | Operation<br>Description                                        | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                                    |                      |         |        |              |               |               |                  |                |
| DSI9761                        | A                                                               |                      |         |        |              |               |               |                  |                |
| IIN-D139-799                   | L                                                               |                      |         |        |              |               |               |                  |                |
| 100                            | Document Control                                                | 0.00                 |         |        |              |               |               |                  |                |
| *100*                          |                                                                 |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                            | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile & type labels per PPP D139-799-212<br>CHG002 |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                                        | 0.00                 |         |        |              |               |               |                  |                |
| *110*                          |                                                                 |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                            | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                                 |                      |         |        |              |               |               |                  |                |

5 <sup>DAS</sup> 28 <sub>9-89</sub> APR 26 2017

5 APR 13 2017 <sup>DAS</sup> 6 <sub>9-89</sub> <sup>DAS</sup> 27 <sub>9-89</sub>

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MRB (QS1042) Approval<br><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabelled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |                                                                                                      |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                              |  |

Work Order ID 159320

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Item ID: D139-799-212 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Quick Release Maintenance Step, RH  
 Start Date: 4/10/2017 Start Qty: 5.00 \*5\* Cust Item ID:  
 Required Date: 4/21/2017 Req'd Qty: 5.00 \*5\* Customer:  
 Reference: SCHEDULED

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty     | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|-------------------|------------------|----------------|
| 120                            | QC4- 100% Inspect kits for completeness                                    | 0.00                 |         |        |              |               |                   |                  |                |
| *120*                          |                                                                            |                      |         |        |              | 5             | DAS<br>28<br>9-89 | APR 2 6 2017     |                |
| QC                             | Memo                                                                       | 0.00                 |         |        |              |               |                   |                  |                |
| Quality Control                |                                                                            |                      |         |        |              |               |                   |                  |                |
| 130                            |                                                                            | 0.00                 |         |        |              |               |                   |                  |                |
| *130*                          |                                                                            |                      |         |        |              | 5             | DAS<br>28<br>9-89 | APR 2 6 2017     |                |
| Packaging                      | Memo                                                                       | 0.00                 |         |        |              |               |                   |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D139-799-212<br>Location: F3 019 |                      |         |        |              |               |                   |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release                                | 0.00                 |         |        |              |               |                   |                  |                |
| *140*                          |                                                                            |                      |         |        |              |               | DAS<br>21<br>9-89 | APR 2 6 2017     |                |
| QC                             | Memo                                                                       | 0.00                 |         |        |              |               |                   |                  |                |
| Quality Control                |                                                                            |                      |         |        |              |               |                   |                  |                |

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APR 2 6 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date : _____                                                 |  | Step #: _____                                                                                                                                                                      |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| <b>Description Work Order Deviation</b>                      |  |                                                                                                                                                                                    |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | QC / QA Coordinator<br>Approval                                                                                   |  |  |

  

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish               |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> Manufacturing Process | <b>OTHER :</b> _____                            |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |

# Picklist Print

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Work Order ID: 159320

**\*159320\***

Parent Item: D139-799-212

**\*D139-799-212\***

Parent Item Name: Quick Release Maintenance Step, RH

Start Date: 4/10/2017

Required Date: 4/21/2017

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A 15.09.23 NEW ISSUE DD VERF:JLM IPP REV:B  
as per NCR16-5959 DD VERIFIED BY:JLM IPP REV:C 16.10.26  
as per DSI9761 DD VERF:JLM

| Component Item ID/<br>Item Name                              | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued | Status |
|--------------------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|----------------|--------|
| D5238-042<br><b>*D5238-042*</b><br>Maintenance Step Assembly |                        | Manufactured  | No          |                     |                  | 110             | Each               | 1.0000         | 1           | 5               |               |                |        |
|                                                              |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                                              |                        |               |             | ST444               |                  |                 |                    | 1              |             |                 |               |                |        |
|                                                              |                        |               |             | 153122              |                  |                 |                    | 1              |             |                 |               |                |        |
| D5245-7<br><b>*D5245-7*</b><br>Mounting Bolt                 |                        | Manufactured  | No          |                     |                  | 110             | Each               | 5.0000         | 1           | 5               |               |                |        |
|                                                              |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                                              |                        |               |             | ST160               |                  |                 |                    | 5              |             |                 |               |                |        |
|                                                              |                        |               |             | 153103              |                  |                 |                    | 5              |             |                 |               |                |        |
| D5238-043<br><b>*D5238-043*</b><br>Lower Bracket, Aft        |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 5               |               |                |        |
| D5238-045<br><b>*D5238-045*</b><br>Lower Bracket, Fwd        |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 5               |               |                |        |
| D5245-1<br><b>*D5245-1*</b><br>Mounting Bolt                 |                        | Manufactured  | No          |                     |                  | 110             | Each               | 3.0000         | 1           | 5               |               |                |        |
|                                                              |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                                              |                        |               |             | ST160               |                  |                 |                    | 3              |             |                 |               |                |        |
|                                                              |                        |               |             | 147223              |                  |                 |                    | 3              |             |                 |               |                |        |

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APR 13 2017

APR 20 2017

APR 25 2017

APR 20 2017

APR 18 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                 |  |
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|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |



# Picklist Print

Friday, April 07, 2017 12:29:20 PM

Page 2

Work Order ID: 159320

**\*159320\***

Parent Item: D139-799-212

**\*D139-799-212\***

Parent Item Name: Quick Release Maintenance Step, RH

Start Date: 4/10/2017

Required Date: 4/21/2017

Start Qty: 5.00

Required Qty: 5.00

AN6H12A

Purchased

No

110

Each

47.0000

2

10

**\*AN6H12A\***

Bolt

\*\*

DAS  
6  
9-89

APR 13 2017

DAS  
27  
9-89

DAS  
28  
9-89

Location

Loc Qty

Loc Code

over005

20

m135945

20

ST335

27

m136838

12

m137166

15

AN6H13A

Purchased

No

110

Each

35.0000

1

5

**\*AN6H13A\***

Bolt

\*\*

DAS  
6  
9-89

APR 13 2017

DAS  
27  
9-89

DAS  
28  
9-89

Location

Loc Qty

Loc Code

over005

25

m136295

25

ST335

10

m135774

10

NAS1149D0663J

Purchased

No

110

Each

511.0000

5

25

**\*NAS1149D0663J\***

Washer

\*\*

DAS  
6  
9-89

APR 13 2017

DAS  
27  
9-89

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST260a

500

M136787

500

ST263

11

M136192

11

Friday, April 07, 2017 12:29:20 PM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
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|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |



# DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D139-799 REV. L OR LATER APPROVED REVISION AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D139-799 REV. 11 OR LATER APPROVED REVISIONS

REF. FAA STC: SR02138SE  
REF. TCCA LOA: C-11-0841  
REF. EASA STC: 10038656  
REF. ANAC STC: 2012S02-13  
REF. JCAB STC: STC-425-TYO

## 1.0 PURPOSE

The D5245-1 Mounting Bolt provided with kit P/Ns D139-799-211/-212/-213 at CHG 001 is too short for installation on AB/AW139 model aircraft that are SAR configured or reinforced for installation of a hoist. The purpose of this DART Service Instruction (DSI) is to add a longer bolt (P/N D5245-7) to kit P/Ns D139-799-211/-212/-213 at CHG 002 and later.

Customers who have already purchased kit P/Ns D139-799-211/-212/-213 at CHG 001 can contact DART to obtain the DSI 9761-011 Mounting Bolt Kit.

| Qty<br>-011 | Part Number  | Description       |
|-------------|--------------|-------------------|
| X           | DSI 9761-011 | MOUNTING BOLT KIT |
| 1           | D5245-7      | MOUNTING BOLT     |

## 2.0 INSTALLATION AND MAINTENANCE

The D5245-7 Mounting Bolt installs on AB/AW139 model aircraft that are SAR configured or reinforced for installation of a hoist only. The D5245-7 Mounting Bolt should be installed and maintained in accordance with the same instructions as the D5245-1 Mounting Bolt as outlined in IIN-D139-799 and ICA-D139-799 respectively.

## 3.0 WEIGHT AND BALANCE

This change has a negligible effect on weight and balance.

## 4.0 PARTS LISTS

For D139-799-211/-212 Quick Release Maintenance Step Kits, LH/RH and D139-799-213 Quick Release Maintenance Step Provisions Kit, modify the Parts List of IIN-D139-799 and ICA-D139-799 as follows:

| Qty<br>-011 | Qty<br>-012 | Qty<br>-017 | Qty<br>-019 | Qty<br>-112 | Qty<br>-211 | Qty<br>-212 | Qty<br>-213 | Part Number  | Description                                   |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-----------------------------------------------|
| X           |             |             |             |             |             |             |             | D139-799-011 | MAINTENANCE STEP KIT, LH                      |
|             | X           |             |             |             |             |             |             | D139-799-012 | MAINTENANCE STEP KIT, RH                      |
|             |             | X           |             |             |             |             |             | D139-799-017 | CARGO FLOOR PROTECTOR KIT                     |
|             |             |             | X           |             |             |             |             | D139-799-019 | CABIN FLOOR PROTECTOR KIT                     |
|             |             |             |             | X           |             |             |             | D139-799-112 | MAINTENANCE STEP WITH GRAB BAR KIT, RH        |
|             |             |             |             |             | X           |             |             | D139-799-211 | QUICK RELEASE MAINTENANCE STEP KIT, LH        |
|             |             |             |             |             |             | X           |             | D139-799-212 | QUICK RELEASE MAINTENANCE STEP KIT, RH        |
|             |             |             |             |             |             |             | X           | D139-799-213 | QUICK RELEASE MAINTENANCE STEP PROVISIONS KIT |
|             |             |             |             |             | 1           | 1           | 1           | D5245-7      | MOUNTING BOLT (ADD)                           |

|            |             |                                                                                                                                                                                                                                                                                     |              |
|------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          | NEW ISSUE   | ML                                                                                                                                                                                                                                                                                  | 16.10.20     |
| REV.       | DESCRIPTION | BY                                                                                                                                                                                                                                                                                  | DATE         |
| DESIGN     | MB          | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                     |              |
| DRAWN      | ML          | EUGENE, OR                                                                                                                                                                                                                                                                          |              |
| CHECKED    | AJS         | DRAWING NO.                                                                                                                                                                                                                                                                         | REV. A       |
| MFG. APPR. | DD          | DSI 9761                                                                                                                                                                                                                                                                            | SHEET 1 OF 1 |
| APPROVED   | WM          | TITLE                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   | DS          | <b>MOUNTING BOLT KIT</b>                                                                                                                                                                                                                                                            | NTS          |
| DATE       | 16.10.20    | COPYRIGHT © 2016 BY DART AEROSPACE USA, INC.<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC. |              |

APPROVED

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SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 159320  
1704-07

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                    |  |
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|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |



# DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D139-799 REV. L OR LATER APPROVED REVISION AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D139-799 REV. 11 OR LATER APPROVED REVISIONS

REF. FAA STC: SR02138SE  
REF. TCCA LOA: C-11-0841  
REF. EASA STC: 10038656  
REF. ANAC STC: 2012S02-13  
REF. JCAB STC: STC-425-TYO

## 1.0 PURPOSE

The D5245-1 Mounting Bolt provided with kit P/Ns D139-799-211/-212/-213 at CHG 001 is too short for installation on AB/AW139 model aircraft that are SAR configured or reinforced for installation of a hoist. The purpose of this DART Service Instruction (DSI) is to add a longer bolt (P/N D5245-7) to kit P/Ns D139-799-211/-212/-213 at CHG 002 and later.

Customers who have already purchased kit P/Ns D139-799-211/-212/-213 at CHG 001 can contact DART to obtain the DSI 9761-011 Mounting Bolt Kit.

| Qty -011 | Part Number  | Description       |
|----------|--------------|-------------------|
| X        | DSI 9761-011 | MOUNTING BOLT KIT |
| 1        | D5245-7      | MOUNTING BOLT     |

## 2.0 INSTALLATION AND MAINTENANCE

The D5245-7 Mounting Bolt installs on AB/AW139 model aircraft that are SAR configured or reinforced for installation of a hoist only. The D5245-7 Mounting Bolt should be installed and maintained in accordance with the same instructions as the D5245-1 Mounting Bolt as outlined in IIN-D139-799 and ICA-D139-799 respectively.

## 3.0 WEIGHT AND BALANCE

This change has a negligible effect on weight and balance.

## 4.0 PARTS LISTS

For D139-799-211/-212 Quick Release Maintenance Step Kits, LH/RH and D139-799-213 Quick Release Maintenance Step Provisions Kit, modify the Parts List of IIN-D139-799 and ICA-D139-799 as follows:

| Qty -011 | Qty -012 | Qty -017 | Qty -019 | Qty -112 | Qty -211 | Qty -212 | Qty -213 | Part Number  | Description                                   |
|----------|----------|----------|----------|----------|----------|----------|----------|--------------|-----------------------------------------------|
| X        |          |          |          |          |          |          |          | D139-799-011 | MAINTENANCE STEP KIT, LH                      |
|          | X        |          |          |          |          |          |          | D139-799-012 | MAINTENANCE STEP KIT, RH                      |
|          |          | X        |          |          |          |          |          | D139-799-017 | CARGO FLOOR PROTECTOR KIT                     |
|          |          |          | X        |          |          |          |          | D139-799-019 | CABIN FLOOR PROTECTOR KIT                     |
|          |          |          |          | X        |          |          |          | D139-799-112 | MAINTENANCE STEP WITH GRAB BAR KIT, RH        |
|          |          |          |          |          | X        |          |          | D139-799-211 | QUICK RELEASE MAINTENANCE STEP KIT, LH        |
|          |          |          |          |          |          | X        |          | D139-799-212 | QUICK RELEASE MAINTENANCE STEP KIT, RH        |
|          |          |          |          |          |          |          | X        | D139-799-213 | QUICK RELEASE MAINTENANCE STEP PROVISIONS KIT |
|          |          |          |          |          | 1        | 1        | 1        | D5245-7      | MOUNTING BOLT (ADD)                           |

APPROVED

|            |             |                                                                                                                                                                                                                                                                                                     |              |
|------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          | NEW ISSUE   | ML                                                                                                                                                                                                                                                                                                  | 16.10.20     |
| REV.       | DESCRIPTION | BY                                                                                                                                                                                                                                                                                                  | DATE         |
| DESIGN     | MB          | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                     |              |
| DRAWN      | ML          | EUGENE, OR                                                                                                                                                                                                                                                                                          |              |
| CHECKED    | AJS         | DRAWING NO.                                                                                                                                                                                                                                                                                         | REV. A       |
| MFG. APPR. | DD          | DSI 9761                                                                                                                                                                                                                                                                                            | SHEET 1 OF 1 |
| APPROVED   | WM          | TITLE                                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   | DS          | <b>MOUNTING BOLT KIT</b>                                                                                                                                                                                                                                                                            | NTS          |
| DATE       | 16.10.20    | <small>COPYRIGHT © 2016 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |



## 5.0 PARTS LIST

| Qty<br>-011 | Qty<br>-012 | Qty<br>-017 | Qty<br>-019 | Qty<br>-112 | Qty<br>-211 | Qty<br>-212 | Qty<br>-213 | Part Number   | Description                                   |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|-----------------------------------------------|
| X           |             |             |             |             |             |             |             | D139-799-011  | MAINTENANCE STEP KIT, LH                      |
|             | X           |             |             |             |             |             |             | D139-799-012  | MAINTENANCE STEP KIT, RH                      |
|             |             | X           |             |             |             |             |             | D139-799-017  | CARGO FLOOR PROTECTOR KIT                     |
|             |             |             | X           |             |             |             |             | D139-799-019  | CABIN FLOOR PROTECTOR KIT                     |
|             |             |             |             | X           |             |             |             | D139-799-112  | MAINTENANCE STEP WITH GRAB BAR KIT, RH        |
|             |             |             |             |             | X           |             |             | D139-799-211  | QUICK RELEASE MAINTENANCE STEP KIT, LH        |
|             |             |             |             |             |             | X           |             | D139-799-212  | QUICK RELEASE MAINTENANCE STEP KIT, RH        |
|             |             |             |             |             |             |             | X           | D139-799-213  | QUICK RELEASE MAINTENANCE STEP PROVISIONS KIT |
|             |             | 2           |             |             |             |             |             | D3580-1       | JOGGLE BRACKET                                |
|             |             | 2           | 8           |             |             |             |             | D3628-1       | CUPPED WASHER                                 |
| 1           |             |             |             |             |             |             |             | D4092-041     | MAINTENANCE STEP ASSEMBLY                     |
|             | 1           |             |             |             |             |             |             | D4092-042     | MAINTENANCE STEP ASSEMBLY                     |
|             |             |             | 1           |             |             |             |             | D4130-1       | FWD CABIN FLOOR PROTECTOR                     |
|             |             |             | 1           |             |             |             |             | D4130-3       | AFT CABIN FLOOR PROTECTOR                     |
|             |             | 1           |             |             |             |             |             | D4130-5       | FWD CARGO FLOOR PROTECTOR                     |
|             |             | 1           |             |             |             |             |             | D4130-7       | CENTER CARGO FLOOR PROTECTOR                  |
|             |             | 1           |             |             |             |             |             | D4130-9       | AFT CARGO FLOOR PROTECTOR                     |
|             |             | 1           |             |             |             |             |             | D4153-1       | JOGGLE BRACKET                                |
|             |             | 1           |             |             |             |             |             | D4153-3       | JOGGLE BRACKET                                |
|             |             |             | 4           |             |             |             |             | D4153-5       | CLAMP PLATE                                   |
|             |             | 2           |             |             |             |             |             | D4166-1       | PLACARD, MAX LOAD                             |
|             |             |             |             | 1           |             |             |             | D4526-042     | MAINTENANCE STEP ASSEMBLY, RH                 |
|             |             |             |             |             | 1           |             |             | D5238-041     | MAINTENANCE STEP ASSEMBLY                     |
|             |             |             |             |             |             | 1           |             | D5238-042     | MAINTENANCE STEP ASSEMBLY                     |
|             |             |             |             |             | 1           | 1           | 1           | D5238-043     | LOWER BRACKET, AFT                            |
|             |             |             |             |             | 1           | 1           | 1           | D5238-045     | LOWER BRACKET, FWD                            |
|             |             |             |             |             | 1           | 1           | 1           | D5245-1       | MOUNTING BOLT                                 |
| 2           | 2           |             |             | 2           | 2           | 2           | 2           | AN6H12A       | BOLT                                          |
| 2           | 2           |             |             | 2           | 1           | 1           | 1           | AN6H13A       | BOLT                                          |
| 6           | 6           |             |             | 6           | 5           | 5           | 5           | NAS1149D0663J | WASHER (or AN960JD616)                        |

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Revision: L  
Date: 16.07.25

**Work Order ID 159320****\*159320\***

Page 1

Friday, April 07, 2017 12:29:18 PM

Item ID: D139-799-212

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Quick Release Maintenance Step, RH

Start Date: 4/10/2017 Start Qty: 5.00

**\*5\***

Cust Item ID:

Required Date: 4/21/2017 Req'd Qty: 5.00

**\*5\***

Customer:

Reference: SCHEDULED

Approvals: Process Plan: \_\_\_\_\_ Date: APR 07 2017 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours                                           | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------------------------------------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>      |                                                                |         |        |              |               |               |                  |                |
| DSI9761                        | A                        |                                                                |         |        |              |               |               |                  |                |
| IIN-D139-799                   | L                        | APR 12 2017                                                    |         |        |              |               |               |                  |                |
| 100                            | Document Control         | 0.00                                                           |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |                          |                                                                |         |        |              |               |               |                  |                |
| DC                             | <b>Memo</b>              | 0.00                                                           |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  |                          | Photocopy bluefile &type labels per PPP D139-799-212<br>CHG002 |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                 | 0.00                                                           |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                          |                                                                |         |        |              |               |               |                  |                |
| Packaging                      | <b>Memo</b>              | 0.00                                                           |         |        |              |               |               |                  |                |
| Packaging                      |                          |                                                                |         |        |              |               |               |                  |                |

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